



SOUTH DAKOTA DEPARTMENT OF HEALTH OFFICE OF FAMILY HEALTH

Chart # _____

MINIPILLS (PROGESTIN-ONLY PILLS) CONSENT FORM

I, _____, hereby acknowledge that I was given an opportunity to ask questions about all forms of birth control, meaning all prescription, non-prescription, and natural methods. All of my questions were answered to my satisfaction and I understood all of those answers. I understand that no method of birth control, except abstinence, is 100% effective against pregnancy or contracting sexually transmitted diseases, including the Human Immunodeficiency Virus (HIV) infection that leads to the Acquired Immunodeficiency Syndrome (AIDS) disease.

I also acknowledge that the following benefits, risks/side effects, warning signs, alternatives, instructions, and decision to discontinue use option, regarding the birth control method, minipills (progestin-only pills) were explained to me before I voluntarily decided to use this method of birth control.

BENEFITS: I have been told that the progestin-only pill may be 95% effective in preventing pregnancy if used consistently and correctly. I understand the risk of pregnancy with this method is slightly higher than with other birth control pills. The progestin-only pill may provide the following benefits:

- No estrogen effects
- Shorter periods with lighter flow
- Less menstrual cramps
- Less breast tenderness
- Less PMS symptoms
- Decreased PID
- Less endometrial cancer
- Less effect on breast milk production if breastfeeding

RISKS/SIDE EFFECTS

1. Menstrual cycle changes (irregular bleeding, spotting, breakthrough bleeding, prolonged cycles, or not bleeding).
2. Increased risk for functional ovarian cysts
3. Increase in ectopic or tubal pregnancies
4. Weight gain or weight loss
5. Breast tenderness
6. Nausea and vomiting

WARNING SIGNS: I have been told that I need to call a doctor or the family planning clinic if I have any of the following early warning signs develop:

- ◆ Abdominal pain
- ◆ Missed periods (may indicate pregnancy)
- ◆ Irregular or heavy bleeding
- ◆ Headaches or vision problems

ALTERNATIVES: I have received written information about other methods of birth control and I choose the progestin-only pill.

INSTRUCTIONS: I am aware that I should use condoms or another contraceptive method for 2 weeks after I first start to take birth control pills, to keep from getting pregnant. I have been told that I need to take my pill every day at the same time. Failure to do so increases the risk of pregnancy. If I am more than 3 hours late in taking the minipill, I should use a backup method for the next 48 hours.

DECISION TO DISCONTINUE USE: I understand that I may discontinue the pill at any time. I understand that I should use another method of birth control if I do not desire to become pregnant. If I wish to become pregnant, I have been told I should use another means of birth control until I have had three regular periods before attempting to become pregnant.

I hereby release the South Dakota Department of Health, the South Dakota Family Planning Program, and any of its employees or agents, from and against any and all claims, damages, or liabilities which I may have against them as a result of my receiving birth control and related medical services, supplies, and/or procedures.

Client Signature (date)

Witness Signature (date)